

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee 76 Words		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1806 Vernon Street, Ste. #100		Amount 11100.00	
City Washington	State DC	Zip Code 20009	Transaction ID : B625367
Purpose of Expenditure Digital Ad Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee 76 Words		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1806 Vernon Street, Ste. #100		Amount 33141.97	
City Washington	State DC	Zip Code 20009	Transaction ID : B625368
Purpose of Expenditure Digital Ad Production and Commission		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	44241.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

[Electronically Filed]

Date

MM / DD / YYYY
09 / 09 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 3
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NAME OF COMMITTEE (In Full) Planned Parenthood Votes		FEC IDENTIFICATION NUMBER ▼ C C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Bully Pulpit Interactive			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address 1140 Connecticut Ave NW #800			Amount 226957.00		
City Washington	State DC	Zip Code 20036	Transaction ID : B625369		
Purpose of Expenditure Digital Ad Buy		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 08 / 2016		
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 472941.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Itzamna Translations Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016		
Mailing Address P.O. Box 1015			Amount 44.07		
City Glendale	State AZ	Zip Code 85311	Transaction ID : B625370		
Purpose of Expenditure Translation Services		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 472941.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	227001.07
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Planned Parenthood Pennsylvania Advocates			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 1514 North 2nd Street			Amount 730.00	
City Harrisburg	State PA	Zip Code 17102	Transaction ID : B625371	
Purpose of Expenditure Facility Rental		Category/Type 003	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		472941.44	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	730.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	271973.04

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*Deirdre Schifeling**[Electronically Filed]*

Date

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09 / 09 / 2016

Signature